

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

|                                    |   |                               |
|------------------------------------|---|-------------------------------|
| TRISTRATA TECHNOLOGY, INC.         | ) |                               |
|                                    | ) |                               |
| Plaintiff,                         | ) |                               |
|                                    | ) |                               |
| v.                                 | ) | Civil Action No. 06-651 (JJF) |
| ACTIVE ORGANICS, INC., BEAUTY      | ) | Jury Demanded                 |
| NATURALLY, INC., DERMADOCTOR.COM,  | ) |                               |
| INC., and ZIRH INTERNATIONAL CORP. | ) |                               |
|                                    | ) |                               |
| Defendants.                        | ) |                               |

**AFFIDAVIT OF MAILING PURSUANT TO 10 DEL. C. § 3104 AND D. DEL. LR 4.1(b)**

ARTHUR G. CONNOLLY, III, after first being duly sworn, on this 2<sup>nd</sup> day of April, 2007, does depose and say:

1. I am an attorney with the law firm of Connolly Bove Lodge & Hutz LLP and represent plaintiff in the above captioned action.

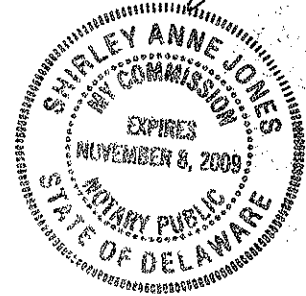
2. On February 21, 2007, I caused a copy of the Complaint, the Summons for Defendant DERMAdoctor.com, Inc., and a letter addressed to Audrey Kunin, DERMAdoctor.com, Inc., and containing the information required by 10 Del. C. § 3104, to be forwarded, via Registered Mail Return Receipt Requested, to defendant DERMAdoctor.com, Inc., pursuant to 10 Del. C. § 3104. The Registered Mail receipt for said package is attached hereto as Exhibit "A".

3. On February 26, 2007, the package referenced in paragraph 2, was received by DERMAdoctor.com, Inc. The confirmation/tracking form received from the United States Postal Service is attached hereto as Exhibit "B".

Arthur G. Connolly III  
Arthur G. Connolly, III (#2667)

Sworn to and subscribed before me this 2<sup>nd</sup> day of April, 2007.

Shirley Anne Jones  
NOTARY PUBLIC



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## EXHIBIT A

|  |  |   |  |
|--|--|---|--|
| <b>Registered No.</b><br>RB 972232349 US   |  | <b>Date Stamp</b><br>FEB 22 2007<br>ROBNEY SO SIA WILMINGTON DE 19801   |  |
| <b>To Be Completed By Post Office</b>  | Reg. Fee<br>1.90                         | Return Receipt<br>1.85  |  |
|  | Handling Charge                          | Restricted Delivery   |  |
|  | Postage<br>6.05                          | Received by<br>hem  |  |
|  | Customer Must Declare Full Value \$<br>a |   |  |
|  |  | <input type="checkbox"/> With Postal Insurance<br><input checked="" type="checkbox"/> Without Postal Insurance    |  |
| <b>OFFICIAL USE</b>  |  |   |  |
| <b>To Be Completed By Customer (Please Print)</b><br>All Entries Must Be in Ballpoint or Typed | <b>FROM</b>                              | Arthur Connolly III 5077816<br>Connolly, Bove, Lodge & Hutz<br>1007 N. Orange St. P.O. Box 2207<br>Wilm. DE 19801 |  |
|  | <b>TO</b>                                | Audrey Kunin<br>DERMadoctor.com, Inc<br>310 W 19th Terrace<br>Kansas City, MO 64108                               |  |

PS Form 3806, **Receipt for Registered Mail** Copy 1 - Customer  
 May 2004 (7530-02-000-9051) (See Information on Reverse)  
 For domestic delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**EXHIBIT B**

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Received by (Please Print Clearly) <u>Christina L. Lynch</u> B. Date of Delivery <u>2-26-07</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> |  |
| <p>1. Article Addressed to:</p> <p><u>Audrey Kunin</u><br/> <u>Dermadoctor.com, Inc</u><br/> <u>310 W. 19<sup>th</sup> Terrace</u><br/> <u>Kansas City, MO</u><br/> <u>64108</u></p>   |  | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>   |  |
| <p>2. Article Number (Copy from service label)</p> <p><u>RB 972 232 349 US</u></p>   |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>   |  |

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789